

MSA-PI-74-6  
February 26, 1974

OP

Attachment 4.18-B

OKLAHOMA

State \_\_\_\_\_

The following enrollment fee, premium or similar charge is imposed on the medically needy:

Gross Family Income (per mo.)	Charge			Liability Period	Frequency of Charge
	Family Size				
	1 or 2	3 or 4	5 or more		
(1)	(2)	(3)	(4)	(5)	(6)
\$150 or less					
151 - 200					
201 - 250					
251 - 300					
301 - 350					
351 - 400					
401 - 450					
451 - 500					
501 - 550					
551 - 600	NOT APPLICABLE				
601 - 650					
651 - 700					
701 - 750					
751 - 800					
801 - 850					
851 - 900					
901 - 950					
951 - 1000					
More than \$1000					

State <u>OKla</u>	<u>11/8/75</u>	DEC-11	<u>74-93</u>	<u>A</u>
Ref. No. _____	8/28/75			

OP

MSA-PI-74-6  
February 28, 1974

Attachment 4.18-B  
Page 2

State OKLAHOMA

Effect on recipient of non-payment of enrollment fee, premium or similar charge:

☐ Non-payment does not affect eligibility

☐ Effect is as described below:

NOT APPLICABLE

State <u>OK</u>	Subscribed <u>11/8/74</u>	OPR-11 <u>7493</u>	A
Rep. to <u>      </u>	Incorp. <u>8/28/75</u>	Inv. No. <u>      </u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: OKLAHOMA

A. The following charges are imposed on the medically needy for services:

Service	Deduct.	Type Charge Coins.	Copay	* Amount and Basis for Determination
Inpatient Hospital Services			X	\$3.00 for each covered day
Outpatient Hospital Services			X	\$3.00 per day
Organized Outpatient Clinic Services			X	\$3.00 for each all-inclusive encounter
Ambulatory Surgery Services			X	\$3.00 for each covered day
Physicians Services			X	\$1.00 for each service
Optometrists Services			X	\$1.00 for each service
Home Health Agency Services			X	\$1.00 for each service
Rural Health Clinic Services			X	\$1.00 for each service
Certified Registered Nurse Anesthetist Services			X	\$1.00 for each service
Federally qualified Health Center Services			X	\$1.00 for each all-inclusive encounter
Medicare Part B crossover claims			X	\$ .50 per service for all Part B covered services
Prescription Drugs			X	\$1.00 for prescriptions having a Medicaid allowable of \$29.99 or less
				\$2.00 for prescriptions having a Medicaid allowable of \$30.00 or more

*Chapman*

STATE	DATE REC'D	DATE APVD	DATE EFF	HCF# 179
	6-29-93	8-31-93	11-1-93	93-10

A

\* The basis for the copayment is the statewide average payment for all the services provided one recipient by one provider.

Revised 04-01-93

NO. 93-10  
Superseded  
TN NO. 93-06

Approval Date 8/30/93

Effective Date 4/1/93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

- B. The method used to collect cost sharing charges for medically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

A person's assertion to the provider of their inability to pay the copayment establishes this inability.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>APR 06 1993</u>	
DATE APPV'D <u>MAY 03 1993</u>	
DATE EFF <u>MAR 01 1993</u>	
HCFA 179 <u>93-06</u>	

Revised 03-01-93

TN# 93-06  
Supersede  
TN# 83-08

Approved Date MAY 03 1993 Effective Date MAR 01 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Oklahoma excludes from copayment those individuals and services described in 42 CFR 447.53(b) through the claims processing system using the recipient file information, diagnosis codes on the claim and certain designated procedure codes.

- E. Cumulative maximums on charges:

☒ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

STATE <u>Oklahoma</u>	A
DATE REC'D <u>APR 06 1993</u>	
DATE APPV'D <u>MAY 03 1993</u>	
DATE EFF <u>MAR 01 1993</u>	
HCFA 179 <u>93-06</u>	

TN# 93-06 Approval Date MAY 03 1993 Effective Date MAR 01 1993  
Superseded  
TN# 83-08

Revised 03-01-93